PEER RECOMMENDATION FOR SUPERIOR ACCOMPLISHMENT AWARD NOMINATION

To: (Name of Management Team Member)	Division/Branch/Section:
Please consider nominating the employee named below for a Superior Accomplishment Award.	
Employee Name:	Classification:
I have outlined the facts below, which I believe merit recognition for the employee named above. I have included the time frame of the employee's exceptional effort to the best of my knowledge. [See "Guide for Preparing Superior Accomplishment Recommendation" (STD. 278) for award criteria as set forth in DPA Regulations. See also ARB Employee Awards for further information.]	
I understand that if management deems this recommendation appropriate, the <u>STD. 278</u> will be completed by the appropriate management team member and I and/or others may be contacted for further information. I also understand that the management team member submitting the nomination will determine the appropriate award category based on the information provided herein or by supplemental information gathered.	
Name: (Required)	Division/Branch/Section:
Telephone Number:	E-Mail Address:
Signature: (Required)	Date: